



## **From Gold Cure to Antabuse**

### **Danish Treatment Traditions in a Liberal Drinking Culture**

Eriksen, Sidsel

*Published in:*  
On the Margins

*Publication date:*  
2007

*Document version*  
Publisher's PDF, also known as Version of record

*Document license:*  
[Unspecified](#)

*Citation for published version (APA):*  
Eriksen, S. (2007). From Gold Cure to Antabuse: Danish Treatment Traditions in a Liberal Drinking Culture. In K. Stenius (Ed.), *On the Margins: Nordic Alcohol and Drug Treatment 1885-2007* (1 ed., pp. 48-74). NAD. NAD Publication No. 50 <http://www.nad.fi/pdf/50/Eriksen.pdf>

# From Gold Cure to Antabuse

## Danish Treatment Traditions in a Liberal Drinking Culture

SIDSEL ERIKSEN

The best way to measure a country's alcohol culture is to study how it perceives and treats its alcoholics. From an international perspective, Denmark is known for practising a liberal alcohol culture.<sup>82</sup> Therefore, it has to be studied whether and how this culture is reflected historically in the treatment of alcoholics, and whether we can identify the roots of Denmark's current preferred treatment of alcoholics, which is based on disulfiram (Antabuse) and relatively few places in residential institutions.

Viewed from an overall perspective, Danish treatment for alcoholism has basically undergone the same development as in the other Nordic countries, starting in the 1890s with 'moral treatment' initiated by so-called 'temperance doctors' and supported by the temperance movement. Main line Danish physicians were not engaged in the idea, and we shall see, that the major hospitals in Copenhagen at the same time started experiment with 'chemical cures'. The moral treatment paradigm was replaced by paradigms of disciplining, internment and sterilisation of 'degenerates' and anti-social people in general. Compared to the other Nordic countries there was only rare treatment activities for drunkards and 'alcoholics' were in general left to workhouses, where the stay resembled custody rather than treatment. From the 1950s the use of chemical coercion (or treatment) with disulfiram developed as the preferred method to prevent consequences of alcohol abuse in Denmark. This leaves us with the question of whether the modern Danish disulfiram based treatment practices for drunks is an obvious consequence of the liberal alcohol discourse among normal Danish drinkers. The question

---

<sup>82</sup> Robin Room, "An Impossible Dream: How to Solve Alcohol Problems in a Temperate Culture". Paper presented to the conference "Alkoholpolitik och sociala förändringar", Hveragerði, 3–7 September 1990.

must be examined by an excavation of what must be called the formative moments in Danish alcohol treatment tradition.

In reality, the question of which treatment ‘won’ reflects a power struggle for the right to define what may be designated as alcoholism’s causes and nature. On one side was the social alcohol culture’s view of human nature rooted in the religious and temperance movements, according to which alcoholism afflicted even the best people, regardless of class and disposition, and which believed that the ailment could be treated, and that society was responsible for treatment and regulations. On the other side, the ‘liberal’ alcohol culture’s view of human nature presumed that alcoholism only afflicted the (lower) and uneducated strata of the population who were predisposed to it, and that these people could, accordingly, be beyond moral reach. Such a point of view would legitimize the use of coercive treatment methods.

Especially two elements in the Danish liberal drinking culture affected the Danish treatment tradition: The fact that the moral treatment tradition never made a critical breakthrough in Denmark can be attributed to the temperance movement’s relatively weaker status in Lutheran Denmark in relation to the other Nordic countries, where the Anglo-American Protestant revivals had created fertile ground for the movement’s moral treatment activities.<sup>83</sup> That the tendency to describe drunks as different from the normal population was relatively stronger in Denmark can directly be explained via the interests of industry and liberal-minded powerful consumer group’s intent upon promoting a policy that did not impact upon normal consumers.<sup>84</sup> We are left, therefore, with the paradox that a consequence of the main stream Danish liberal alcohol culture must be understood in terms of lack of tolerance towards the heaviest users of that same culture.

## Chemical cures

There have been several single attempts in the Danish history of alcohol treatment to introduce various kinds of drugs, which could make certain persons with an inclination (*tilbøjelighed*) to drink to develop a sort of aversion towards alcohol and

<sup>83</sup> Sidsel Eriksen, “Drunken Danes and sober Swedes? Religious revivalism and the temperance movements as keys to Danish and Swedish folk cultures”; in: Bo Stråth (ed.), *Language and the Construction of National Identities*, Gothenburg 1990.

<sup>84</sup> Sidsel Eriksen, “The making of the Danish liberal drinking style”, *Contemporary Drug Problems*, 1994. The article argues that Lutheranism, which dominated the Danish revivals, helped to prevent both the temperance movement’s and the Anglo-American Protestant’s revivals from making a breakthrough, thus supporting the free and unforced Danish drinking culture.

thereby make them stop drinking. As early as 1824 the Danish professor in pharmacy Carl Otto (1799–1879) introduced sulphuric acid as a new effective drug to prevent drunkards to drink alcohol. After fourteen days to three weeks having sulphuric acid in water in combination with bitter and nourishing food the drunkard normally got a strong dislike for snaps (the traditional Danish form of strong spirit).<sup>85</sup>

A new American chemical treatment cure combined with moral treatment was introduced in Copenhagen in the 1890s. The pioneer in this field was the Danish-American physician Holmes and he received a response from Ludvig Israel Brandes (1821–1894), a consultant at the General Hospital (*Almindelig Hospital*) for the poor in Copenhagen, who had experimented in the 1890s by setting up a refuge for the hospital's many drinkers. The hospital had for a long time treated drunks' delirium tremens and other side-effects, but Holmes' innovation was the introduction of the 'chemical' treatment. This may have attracted Brandes because it could eliminate the much discussed issue of drunkards in the contemporary discussions on alcohol, without involving the normal Danish drinking culture as suggested by radical temperance agitators in Denmark in the 1880s and 1890s. And since snaps was so destructive to society, Brandes believed that everything possible should be tried. The course of treatment was, with the permission of the Mayor, tested on inmates at the General Hospital and at The Copenhagen Workhouse for the Poor (*Ladegaarden*).<sup>86</sup> The Danish experiment was thereby incorporated into what has been called Keeley's world-wide treatment consortium.

The course of treatment was based on the work of an American doctor Monro, who had refined the much talked-about Keeley's Gold cure.<sup>87</sup> The cure heralded the beginning of a new era for the future treatment of "habitual drunkards" at a time when the chronic alcoholism paradigm of the Swedish doctor Magnus Huss (1807–1890) had still not fully broken through in Denmark. From the beginning, the Danish experiment attracted great public attention. A sceptical article in Hospital Times (*Hospitals-Tidende*) by an anonymous author as early as in 1892 sought to uncover the secrets of Keeley's activities. The article maintained the combined effect of the

<sup>85</sup> Carl Otto, "Middel mod Drukkenskab", *Ny Hygie*, juni 1824, p. 485.

<sup>86</sup> Ludvig Israel Brandes, "Iagttagelser over Forsøg paa at afvænne Drankere ved Dr. Monro's saakaldte Guldkur", *Ugeskrift for Læger* XXV, 1892.

<sup>87</sup> William L. White, *Slaying the Dragon: The History of Addiction, Treatment and Recovery in America*, 1998, p. 52.

treatment's reputation, the fact that the ailment was considered a sickness that could be treated, the belief in the mixture, which was both expensive and mysterious, and the sense of community and solidarity among the many sufferers engendered by a "Bichloride of Gold Club", which resembled a temperance society, was hugely suggestive. As a result, the course of treatment was able to break the habit without confinement and supervision, and as it was told despite the constant availability of whisky among the American patients.

The anonymous author of the article in *Hospital Times* was much concerned about the ingredients of the mystical gold cure, and hinted strongly that the medicine included apomorphine or "tartar emetic", which was supposed to make the patient spew up the snaps and probably therefore develop an aversion. The patients' dilated pupils and their poor memory also suggested that they were under the influence of a narcotic substance.<sup>88</sup> However, the consultant responsible, Ludvig Israel Brandes, claimed to be able to refute the idea that the ingredients were atropine and strychnine – he, at any rate, had not noted dilated pupils in the patients. In the pages of *Medical Weekly (Ugeskrift for Læger)*, Brandes faithfully explained the Danish experiment's three elements: mental, dietary and medical. The mental part consisted of the patients' togetherness and "continual thinking about the course of treatment", their "confidence in its effectiveness", and being able to see the other patients benefiting from the cure. The mental aspect was also combined with a moral effect, because, as Brandes put it: "In a condition that is as much a mental weakness as a physical one, such a moral effect is fully justified, and we doctors also, of course, use moral effects in other cases." In addition, the patients were supposed to spend an hour a day walking in the yard, and the dietary part consisted of a nutritious diet of meat and bouillon. At the beginning of the cure, the 'medical' part of the treatment consisted of a 60-gram bottle of snaps administered six times a day (a total of almost a third of a litre of snaps or approximately 15 units a day). As the treatment progressed, the volume was gradually reduced. On top of that, every two hours, the patients received a teaspoonful of "stomach-strengthening" medicine in a snaps glass full of water, three pills were administered three times a day during the first five to six days and finally the patients were given an injection of an unknown fluid four times a day. However, although Brandes admitted that he did not know what these medications actually consisted of, he was in no doubt that the cure worked. According to Brandes all 15 drunks at the end of the first experiment had developed a "loathing of alcohol" and the effect seemed to

---

<sup>88</sup> [N. N.], "Dr Keeley og Guldturen", *Hospitals-Tidende*, 1892.

partly consist of a type of aversion, probably combined with the course of treatment having a chemical effect.

Brandes was clearly enthusiastic. This was the first real treatment of “habitual drunks” for their actual habit, whatever the precise nature of that habit might have been. The majority of the patients had previously suffered one or more episodes of delirium tremens, but they were not being specifically treated for this. They had often several times in the past tried in different ways to break the habit, but in vain. None of these attempts had really succeeded in inculcating a ‘loathing’ for alcohol. Brandes therefore concluded that, due to the frequent relapses among drunks treated in mental asylums, and the fact that alcoholics’ asylums could hardly expect to heal more than a third of their patients, it was worth comparing the gold cure’s effect after three weeks’ treatment with the drunks’ previous attempts to escape their habitual drinking. In addition, the majority of the patients had put on weight and, according to Brandes, regained the desire to work.<sup>89</sup> Unfortunately, Brandes did not follow up the experiment regarding the patients’ general condition or drinking habits, nor did he adopt a position on the extent to which the improved general condition was also due to the nutritious diet.

Increasing scepticism in America about the cure in the years 1891–1893 gave rise to more laboratory tests, which revealed the cure’s ingredients to be alcohol, strychnine, apomorphine, aloin from the aloe plant, willow bark, ginger, ammonia, deadly nightshade, atropine, hyoscyne, scopolamine, coca, opium and morphine.<sup>90</sup> This spurred a Dr. [Edv.] Ehlers (1863–1937) to inform readers of *Medical Weekly* that German surveys revealed the cure to be composed of 0.75g gold chloride, 0.4g chlorammonium, 0.065g strychnine, 30g coca fluid extract, 30g glycerine and 30g distilled water. There was also was a strong hint that the active ingredient was coca, and as such that its therapeutic effect on drunkenness lasted only for as long as the patient continued to take the mixture. Dr. Ehlers also somewhat ironically referred to the fact that the Keeley’s slogan “no cure, no pay” had led to a court in Frederiksberg ordering them to reimburse DKK 250 for an abortive course of treatment.<sup>91</sup> This publicity encouraged Brandes to re-evaluate his patients. Of the four patients from the General Hospital, one was completely abstemious, another had had a relapse, but had then been dry for five months after he had joined a total abstinence society, while the final two had relapsed.

---

<sup>89</sup> Brandes 1892.

<sup>90</sup> White 1998, p. 55.

<sup>91</sup> Edv. Ehlers, “Keeley-Gulduren”, *Ugeskrift for Læger*, 1893.

However, he had to conclude that the potential for healing did not merely depend on the individual's "character and disposition", but was also determined to a significant extent by conditions after the end of the course of treatment.<sup>92</sup>

The gold cure experiment implied a shift of focus from what had been the 'main line' of professional treatment of alcoholics just addressing the physical damage that the alcohol had caused towards a regulation of the whole of the drunkard's behaviour. However, as an exception Knud Pontoppidan (1853–1916), consultant at the psychiatric department at the Municipal Hospital (*Kommunehospital*) until 1896 was sceptical, and strongly doubted the cure's ability to treat what he (now directly inspired by Swedish physician Magnus Huss' concepts) called 'chronic alcoholics'. Rather, he as an exception among Danish physicians asserted that those who believed in the cure simply did not understand the nature of alcoholism. Pontoppidan highlighted the temperance movement's work to combat the craving for drink, and that this in itself was a long-term process of acknowledgement. He stated: "[Brandes] does not know that what is required of such deeply sunk individuals as those on whom these experiments were conducted is a complete rebirth of body and soul." Pontoppidan also went on to assert that the gold cure was too smart!<sup>93</sup> Brandes himself died in 1894, so he did not live to read Pontoppidan's rejection of the cure.

## Moral homes or drunk asylums

The idea of moral homes, as espoused by Knud Pontoppidan, was based on the principles of Christian charity and temperance inspired from the American protestant temperance movement's belief that the individual drunkard could free himself of the sick habit if only he was afforded the necessary moral support.

Moral homes had gained ground in most of the Anglo-American, Scandinavian,<sup>94</sup> German, Dutch and Swiss world – or wherever the Anglo-American revivalist religion, the Calvinist-Reformed movement or pietistic teachings were strong. The Christian temperance society the Blue Cross (*Blå Kors*), which had first seen the light of day in Switzerland in 1877, was a powerful institution. It introduced a new tradition in the treatment of alcoholics, based on normalising

---

<sup>92</sup> Ludvig Israel Brandes, "Fortsat Meddelelse om Resultaterne af 'Guldturen' paa Alm. Hospital", *Ugeskrift for Læger*, 1893.

<sup>93</sup> Knud Pontoppidan, *Psykiatriske Forelæsninger og Studier*, Copenhagen 1895, pp. 112–113.

<sup>94</sup> Anna Prestj an's article in this volume.

their behaviour with a moral influence and a strong toning down of the idea of a possible predisposition to drunkenness.

The idea emerged also in Denmark from the organisation the Society for the Promotion of Sobriety (*Samfundet til Ædruelighedens Fremme*), which encompassed a small group of influential, socially minded pastors, lawyers and doctors. In addition to their professional activities, several of the society's members had also been involved, in various different ways, in the Inner Mission (*Indre Mission*), an evangelical wing inside the Lutheran Church of Denmark or the temperance movement. It was the very fact of the members' social status that vouched for the seriousness of the new treatment principles – with these people as key figures; it was not possible to dismiss the projects as quackery.

Knowledge of the movement and its methods was disseminated in a small pamphlet about drunk asylums published in Danish in 1888 by the Society for the Promotion of Sobriety and written by the Inner Mission physician August Thierry, whose evangelical disposition was clearly a greater influence on his treatment philosophy than his work as a doctor. Thierry had travelled to different Christian-based treatment centres in Germany, first and foremost Salem in Holstein, which was founded in 1887 and therefore still quite new, and sought to show how and why this type of drunk asylum worked. The asylum was set up on the initiative of the Inner Mission and paid for by private funds, and one indication that it sought to achieve an official, hospital-like status was that the drunks were designated as patients. However, the patients were part of a humble, home-like community, under the management or supervision of a 'house father' – indeed, this supervisory aspect had even been incorporated into the overall design of the home. The tables in the dining room were intentionally arranged to avoid secluded corners that would permit "private chats with evil jokes, comments about others, negative stories", and to enable the house father to "keep and eye and an ear on everyone".

The asylum included a workshop and stables with animals, and daily life was full of manual agriculture or labouring, dependent on the individual's "health, powers and skills". After the evening meal, the patients gathered in the dining hall, where each was able to participate in entertainment, music or a game – though not cards – so nobody was allowed to sink into "idleness", and the home was run in "the spirit of Christian love and humility". Long stays were usually necessary in this type of institution, as "the drinking dis-



ease is not just a moral weakness”, but also, depending on the extent of the alcohol poisoning, “a deep physical ailment, and finally causes the horrors of drunken madness”. The initial stages of abstinence were usually very severe, with a high instance of delirium tremens, during which “the patient must, as a rule, be tied down or secured in some other way”. For many, this stage could last several weeks, with decreasing severity, but there were major differences between individuals.

This type of stay in an alcoholic’s refuge was, of course, only for prosperous people. However, people of lesser means or with no ability to pay were not forgotten, and were offered a slightly different treatment strategy. Associated with Salem was a ‘worker’s colony’ for people from the working class, which imposed forced labour for financial reasons. August Thierry stated very precisely his social and optimistic attitude towards the treatment of drunkards as follows: “Imagine a miserable, dirty, drunk vagabond, dressed in rags and covered in vermin. First of all he is bathed while his rags are disinfected, washed, cleaned, patched up, etc., so that when he puts them back on, they are whole and clean.” After that, work could begin and the individual could become used to “cleanliness, order and regularity”, and a good, strong diet. The fruits of the patients’ labour were not all consumed on the spot – the money earned was put aside so that they would be able to completely renew their wardrobe when they left. With the support of the home in the form of improved habits and better clothing, the patient was transformed from “a drunken vagabond” into a “hard-working and respected citizen”. For Thierry, this was evidence that there was neither a social nor a genetic predisposition, a conclusion completely in line with the sickness paradigm and the Christian perception of mankind. He had even reported that, although the German institutions were for practical reasons (and in principle) divided up according to class, it could not be taken for granted that “breeding and the ability to pay always go hand in hand”.<sup>95</sup>

Not until the 1890s, did work really start on establishing asylums for drunks in Denmark. The driving force behind the further work was the evangelical Inner Mission pastor Nicolai Dalhoff (1843–1927), who during a study trip to England had gained similar experiences of the importance of treating the individual’s will. Rhetorically, he stressed that no matter how much he would like to take into account these poor people’s “physical and hereditary dispositions”, which clearly played a major role in Danish alcoholism discourse; it was not beneficial to label them as patients, who were “more or less not responsible for their sickness”. Instead, he wanted to emphasise the individual’s potential for raising himself up by his own bootstraps: “Does there not lie a greater uplifting power in it when also the

---

<sup>95</sup> August Thierry, *Om Drankerasyler*, København 1888.

other side is stressed, that it is a sin and vice that has to be fought against?" Dalhoff focused on the fact that the staff, i.e. the sisters in the English institutions, played a special role as psychological redeemers. Because it was difficult to get the patients to acknowledge their "weakness" as a sin, they are "insulted by having to be there in the home and cast the blame for their unhappiness on everybody else rather than on themselves /.../ The only solid hope is if they come to believe in their Saviour." The new, and perhaps effective, part of the cure was that the treatment of the will now consisted of the Anglo-American revivalist religion's systematic redemption work, which had taken on a particularly benevolent form in the Danish Inner Mission. The underlying idea was that once a person stopped believing in God, he would come under the influence of his own evil will and cravings. This freedom implied alienation, overestimating oneself and the distortion of reality. In order to overcome this situation, the individual's relationship with and trust in God had to be re-established.<sup>96</sup>

It was on this basis that members of the Society for the Promotion of Sobriety and the friends of Inner Missions were united in a 'holy alliance' to strengthen the weak. The Inner Mission members and the sobriety promoters were in no doubt that the relationship to God had been destroyed by drink, while the doctors involved presumed that the individual's good will and 'reason' was destroyed or weakened because of the drink. The common core of the asylum movement was therefore a definition of alcoholism that, whether it was considered to be based on sin or a weak will, necessitated a moral treatment, i.e. reinforcement of the individual drunk's will, based on the purely human principles of a hard guiding hand, compassion and respect for those suffering.

Drunk asylums were meant to function as a shield against a corrupted world, and their activities can be precisely summarised by their very attitude to what was right and wrong in an individual's actions and conduct. This was where the institutions appealed to the reinforcement of the individual's will and his ability to look after himself. Doctor August Thierry was in no doubt that the best and most long-lasting results presupposed that the individual was admitted voluntarily in order to spend some time away from old friends and habits, and to "live under the influence and supervision of a Christian society, preferably with regular physical movement in the fresh air".

---

<sup>96</sup> Nicolai Dalhoff, "Redningshjem for drikfældige i England", *Tidsskrift til Ædruelighedens Fremme*, 1897.

Thierry proposed therefore that drunk asylums should be located on the small isolated island of Anholt, where he himself was the local physician.<sup>97</sup> Similarly an article in *Medical Weekly* by the local physician Vilh. Djørup suggested, that the island of Endelave, where he worked as a municipal doctor, might be a suitable location on which to establish a humane alcohol-free treatment environment. The intention was to make it clear that the drunk asylums were to be considered a qualitatively new form of treatment that was different to committing people to self-supporting workhouses – as practised in the Copenhagen Workhouse for the Poor.<sup>98</sup>

The establishment of a new treatment discourse based on drunk asylums rendered irrelevant the discussion about coercive measures or punishment for intoxication. Similar deliberations in Sweden were addressed by Magnus Huss, at a meeting of the Swedish Medical Association, and referred to in (the Danish) *Medical Weekly*. Huss thought that special state asylums would be too costly, and that it was also inappropriate to transfer the treatment of drunks to prisons, mental asylums or public hospitals. In addition, legislation at the time did not allow the drunk to be deprived of his personal freedom for a prolonged period without his consent, which is why the treatment of drunks had until then had been left up to private initiatives and Christian charity. One important aspect of successful treatment was that the patients were in the asylums for long enough. A year was often insufficient. In order to prevent relapses, total abstinence was necessary, and unlike the prevailing opinion in medical circles in Sweden and Denmark, Huss believed that treatment of alcoholism was about more than just symptom alleviation, for as he put it: “The doctors ought to keep a watchful eye to ensure that they do not provoke relapses by ordaining spirits as stimulation for drunks.” If anything good was to come out of treatment, the whole individual had to be changed.<sup>99</sup>

In the 1890s, the setting up of drunk asylums in Denmark got underway – albeit as completely private initiatives. In 1895, a refuge opened in Holstebro, in a private property called Godthaab (Good Hope) owned by the merchant S. Sthyr, with the support of Nicolai Dalhoff. Godthaab’s owner also set up another refuge in Søvang near Køge in 1896, which closed in 1898. Søvang was run by K. V. Leunbach, a former house father at Godthaab, and the pastor’s widow Nora

<sup>97</sup> Thierry 1888, pp. 3–38.

<sup>98</sup> Vilh. Djørup, Endelave by Horsens, “Om Drankerasyler”, *Ugeskrift for Læger*, series 4, (20), 1889.

<sup>99</sup> [N.N.], “Tvungen Indlæggelse af Alkoholister”, (from *Hygiæ*, December 1888), *Ugeskrift for Læger*, 1889.

Skouboe.<sup>100</sup> Godthaab housed 19 men from the “educated” classes, four of whom were moved to Søvang when it was founded. Of 15 discharged, two were expelled, one was ‘incurably mad’ and two were ‘uncertain’, while the other ten were reported to have coped admirably. Søvang treated 18 people, also from the educated classes. Following the German model, the home had a very large garden, and it was stressed that “the work here in the healthy, fresh air has kept many of the alumni busy, while others have made themselves useful in the house by churning butter, sawing firewood, weaving coconut mats or by carpentry, joinery, forging and turning, as there are plenty of tools for these crafts. Furthermore, various sports have been played, and literary work has occupied some of them”.<sup>101</sup>

However, the problem was that the whole thing was too expensive. For a time, the drunk asylums were successful in attracting funding from the state and local authorities, charitable institutions and private individuals. The Society for the Promotion of Sobriety managed to obtain a government subsidy of DKK 2,000 in the annual budget for its operations, but Søvang was nevertheless unable to survive as an independent institution.<sup>102</sup> Despite the great attention paid to the asylum movement associated with the Society for the Promotion of Sobriety, it soon became apparent that private resources, financial as well as physical and human, were not enough to run a major institution. Stronger personal and economic resources as in Sweden would be needed if the movement was to do any good.

In 1895, Pastor Nicolai Dalhoff sought to establish a new platform for refuge work with the foundation of the Blue Cross to the great regret of the Inner Mission, which resulted, for example, in the establishment of the treatment home in Enkræteia, near Copenhagen, for paying patients. Again following the German model, the home was run in a “Christian spirit”, with morning and evening prayers, in which all of the house’s inhabitants took part, and attempts were made to influence the patients with the word of God, so that they could be brought to a true conversion and faith from which they could derive the strength to begin a new life. But still the moral treatment initiatives never got acceptance from main line Danish physicians

---

<sup>100</sup> Aarsberetning 1896, *Tidsskrift til Ædruelighedens Fremme*, 1897, p. 65.

<sup>101</sup> K. Thjell, “Beretning om Søvang og Godthaab. Redningshjem for Alkoholister”, *Til Ædruelighedens Fremme*, 1897.

<sup>102</sup> Aarsberetning 1896, *Til Ædruelighedens Fremme*, 1897, pp. 65–67.

and authorities in Denmark. They had to rely on private resources and therefore never became numerous.<sup>103</sup>

The Danish Moral Homes did not work as morally as their Swedish counterparts. Following his visits to Enkrateia and Søvang, the Swedish doctor and temperance philanthropist Henrik Berg stated, to Nicolai Dalhoff's great regret, that there was something wrong with the treatment, namely that "religious treatment had been reduced to a minimum". Berg heavily stressed that the alcoholic had to be brought to recognition of his sins: "For a great many, even the majority of alcoholics, it is the rule that before they become properly converted or new people, the durability of their rehabilitation has to be in doubt." Pastor Nicolai Dalhoff's response was as practical as it was Christian: "In the alcoholic we are first and foremost dealing with an unfortunate sick person, whose bodily improvement is the basic condition for a moral improvement, and in whom all admonishments in the beginning are just as ineffective as they would be if I admonished somebody who is extremely ill and informed him that it would be much better for him to stand up and work than to lie about idle in bed."<sup>104</sup> When pastor Dalhoff was using the term sick it was primarily addressed to the physical condition of the drinker. Still he maintained that treatment was mainly concerned about the will of the individual.

After the turn of the century only the organization Blue Cross was able to maintain and develop its activities. The Blue Cross establishment of the small treatment centres of Enkrateia, El Recreo and Olaf Rye's villa and later the treatment home in Taastrup, as well as the establishments of a Blue Cross refuge Ørsholt Farm near Gurre and especially the *Kærshovedgaard* colony on a very isolated heath area in 1905 became the fix points in Danish private treatment tradition. Here, the idea of the 'moral home' was put into practice with a conscious attempt to turn the institution into a home, with room for a library, a radio with loudspeakers and games. However, it was also to be a Christian home, where the word of God would be heard, so that, in the words of the Blue Cross, He could "rehabilitate and redeem those who would accept him as their Lord and Saviour". For the individual, it was a question of whether you would "let yourself be helped".<sup>105</sup> The homes were funded by user charges, and by the work done by the alcoholics on the land. However, without private contributions, both in and outside the auspices of the Blue Cross, the sums did not add up. The state only provided a

---

<sup>103</sup> Peter Didrik Koch, "Et Redningshjem for Alkoholister ved København", *Ugeskrift for Læger*, 5(33), 1898.

<sup>104</sup> Nicolai Dalhoff, "Boganmeldelser," *Tidsskrift til Ædruelighedens Fremme*, 1898, pp. 63–64.

<sup>105</sup> M. N. Randkær, *Et Fristed paa Heden*, Copenhagen 1946, pp. 15–17.

symbolic grant.<sup>106</sup> After support for the temperance movement began to recede following the introduction of the heavy taxation of snaps in 1917, moral and financial support for the private moral homes crumbled, and it was very hard to survive without substantial state support.

## Protection of society

The temperance movement really had established the alcohol question on the public agenda in the decades around 1900, with well-documented statistics and academic studies of alcoholism's vexations. This made the question of alcoholism an irrefutable pivotal point in academic discourse about the causes of modern society's pressing social problems. An unintentional side-effect of the temperance movement's many attempts to document alcohol's damaging effects statistically, was that the experts' focus to a far greater extent than previously became directed towards drunkards or those who could not resist to drink too much.

According to the temperance movement's rhetoric, alcohol alone was the root of all evil, based on the belief that every person has the potential to live a good life if only he would resist alcohol. However, trend-setting expert circles did agree with the temperance discourse, that problems related to alcohol were widespread in society, but contrary to the temperance movement their idea was that alcoholism was not caused by alcohol itself, but was a defect in certain individuals, whose 'disposition' (social as well as biological) was a threat to the social organism of society and therefore also to modern civilisation. They did not tackle the bottle, they went for the man – and the man was, in the majority of cases, a person of the lower classes who was difficult to treat.

This new view of the drunkard was manifested at a meeting of the Danish Association of Criminologists already in 1901, where Alexander Friedenreich (1849–1932), the new consultant at the Copenhagen Municipal Hospital's psychiatric department, was in no doubt that when chronic alcoholics became criminals, it was a result of what he called "actual alcoholic degeneration or dementia", which there was no point in punishing: "As long as he drinks, punishment is wasted on him, and repetition of the crime almost

---

<sup>106</sup> A. R. Granum Jensen, *Baggrund og glimt fra Blå Kors Historie i 100 år*, Haderslev 1979, pp. 135–158.

certain.” This shocking signal from one of the highest medical authorities opened fundamentally bad perspectives for the effects of treatment as well as punishment. Friedenreich did not accept the objection that the suffering was self-inflicted, as the punishment must not be perceived as retaliation or revenge, but only as a means of improving the individual. Therefore, the only option was to forcibly commit the alcoholic to a “recovery unit”. However, if the alcoholic was “even more down-at-heel, imbecile, almost bestial”, then punishment, as well as any treatment, was useless. Experience showed, however, that only a third was “cured”, which is why release from such units was only ever permitted on probation and under supervision. After several repeated relapses, the person had to be considered incurable, and upon committing a serious crime, he had to be “sentenced to forced confinement for life, or for a very long time, in a suitable unit”. These could be drunk asylums or special wards in forced labour units. The Copenhagen Workhouse for the Poor, the place where society committed and (forcefully) employed its vagrants, was well suited to this purpose. However, the stays here were short-term only, and alcohol was too easily accessible on leave days. Friedenreich found it easily conceivable that severely damaged alcoholics should be immediately committed to asylums for life. He considered the alcoholics to be “damaging parasites on society”, which is why he felt it was justified to force them to be cured – or at least to “render them harmless, by at one and the same time protecting and feeding them and exploiting their labour.” Friedenreich thought that commitment to forced labour units of up to 18 months would show better results than the forced labour sentences of 12–90 days that were common at the time.<sup>107</sup> Among others consultant Alexander Friedenreichs ‘medical advice’ to isolate drunkards at labour units here heralded a new era in the Danish lack of treatment facilities for alcoholics.

Even though the affiliated to the temperance movement strongly tried to ensure state support to treatment homes for “habitual drunks” there was a long way from word to action. When 25<sup>th</sup> of June 1903 a governmental Sobriety Commission (*Ædruelighedskommission*) of experts was set up to look at the subject, it was hardly surprising that it included many of the leading temperance supporters of the day. The commission’s 1907 Report resulted in a bill on government subsidies to private recovery units for drunks, based on a longer study by Christian Geill, who was both a member of the Society for the Promotion of Sobriety and director of Viborg Prison,<sup>108</sup> in which he systematically accounted for the refuge work that had already

<sup>107</sup> Carl Torp & August Goll, *Forhandlingerne paa Dansk Kriminalistforenings Andet Aars-møde den 24–26 September 1901*, København 1901, pp. 5–79.

<sup>108</sup> *Betænkning afgivet af den af Indenrigsministeriet den 25. Juni 1903 nedsatte Kommission til Overvejelse af Foranstaltninger til Ædruelighedens Fremme*, 1907, pp. 20–21; Christian Geill, *Om*

commenced under private auspices. The bill stipulated that the unit should be regularly inspected by a doctor, with the clear idea of providing a boost to the moral home movement. However, things turned out differently in Denmark.

The temperance movement also played an important role in the establishment of the Second Sobriety Commission (*Den anden Ædruelighedskommission*) of the 16<sup>th</sup> of July 1914, the terms of reference of which were to establish the basis of the limits on the serving and sale of alcohol. This commission's establishment was somewhat affected by the outbreak of World War I, and its composition was characterised by powerful temperance interests whose clear agenda was to consider to what extent prohibition-like limitations could be introduced into Danish licensing policy – partly to guarantee the Danish supply of corn at a time of war, and partly as a solution to the alcohol problems that were increasingly on the public agenda, largely due to the efforts of the temperance movement itself. In Denmark, as in the rest of the Western world, this legitimized strong measures against alcoholism's main source, snaps, during the second decade of the century. However, while the temperance movement in Norway and Finland succeeded in introducing prohibition, Denmark introduced heavy taxation on snaps in 1917 (although wine and, partially, beer were exempt). This may be considered a compromise, as the temperance movement would have preferred a proper alcohol ban, and therefore a potential abolition of alcohol in the public sphere. The snaps tax was a lucrative revenue source for the state and also made it possible for the wealthier sections of the population to retain their alcohol culture, but further it impoverished socially vulnerable families who were incapable of reducing their consumption. The tax certainly had quite a major impact on drinking, reducing the number of cases of delirium tremens, but it did not abolish drunkenness. The Commission's findings, which were published in 1918, tended indeed primarily towards a continuation of the temporary wartime measures, including the taxation as means for the drastic reduction of snaps consumption.<sup>109</sup> This particular aspect of the Commission's work clearly did not suit broad liberal middle-class circles with links deep into

---

foranstaltninger lige over for vanedrankere. Foredrag holdt i Ædruelighedskommissionen den 16. og 17. September 1904, Appendix 5, in: *Betænkning...*, 1907, pp. 235–272.

<sup>109</sup> *Betænkning afgivet af den af Indenrigsministeriet under 16. juli 1914 nedsatte 2den ædruelighedskommission*, (1), København 1918.



the industry. The further perspectives could in their opinion be disastrous for Danish alcohol culture.

The Commission's work was therefore followed up by the establishment in 1914 of the National Association for the Protection of Personal Freedom (*Landsforeningen for den Personlige Friheds Værn*), which was funded by the breweries and distilleries, but also counted members from a broad cross-section of the well-bred Danish public. The association soon launched the idea of establishing an effective legislation on drunkenness that consciously aimed to banish drunks from the company of normal drinkers without having a negative effect on the rest of Danish drinking culture: "To heal alcoholics and tuberculosis patients may well be a worthy aim; but it must, however, be remembered when grouping them together like this that the former are people with weak characters, the latter innocent people who have been smitten with a severe ailment."<sup>110</sup>

To promote this idea an Alternative Alcohol Commission was set up in 1918 by the National Association for the Protection of Personal Freedom based on the advises of famous experts in society. The chairman was the botanist Fr. Weis (1871–1933), who had worked for the Carlsberg Laboratory, and other members included the lawyer Carl Torp (1855–1929) from the Danish Association of Criminologists, and the well established doctors at the Copenhagen Municipal Hospital Victor Scheel (1869–1923) and August Wimmer (1872–1937), who also were well known from the public debate on social issues, including the alcohol question. The alternative commission's results pointed in a discernibly different direction than the official commission. In 1920, lawyer Axel Olsen and doctor August Wimmer presented an alternative draft bill about the treatment of drunkards, which proclaimed and welcomed a liberal alcohol culture.<sup>111</sup> Doctor August Wimmer in particular identified a potential 'solution' to the alcohol question in eugenics. Drunks could be perceived as bearers of a sickness in the population organism, which could and must be combated with drastic means. He and the degeneration theoreticians added even more firewood to this bonfire: even though alcoholics perhaps did not constitute the most degenerate section of the population, they were especially dangerous to society as a whole. Their moral degeneration and consequently high or low reproductivity (of degenerate individuals), combined with a lack of social productivity, meant that the alcoholics were detrimental social elements.<sup>112</sup> The drunk had become society's scapegoat, and the heavy-handed

---

<sup>110</sup> A. Blom, "Afholdsspørgsmalets Kærne", *Sund Sans*, 27/12 1914.

<sup>111</sup> Axel Olsen & August Wimmer, *Betænkning II, Foreningens Alkoholkommission, Forslag til Lov om Behandling af drikfældige*, København 1920.

<sup>112</sup> Lene Koch, *Racehygiejne i Danmark 1920–1956*, 1996, p. 34.

treatment of him came to symbolise goodwill towards the solution to certain social problems propagated by various social interests. At least it could prevent further anti-alcohol measures for the ‘normal’ citizens.

## Karl Kristian Steincke and the eugenic project

The mere presence of drunks in society became an important political argument for the founding fathers of the Danish welfare state in support of the idea that effective population policy covering marriage, criminal law and control of propagation could solve significant numbers of society’s increasing social problems, and in doing so, would facilitate that which would later be known as the welfare state. Alcoholics were considered as part of all three policies, at least in political debate. There is significant evidence that the drunk as a symbol provided a large amount of the fuel used to fire that which in other contexts has been called “eugenic opinion”.<sup>113</sup>

It is with good reason that the Social Democratic Minister of Justice and Social Affairs, Karl Kristian Steincke (1880–1963), has been perceived as the person mainly responsible for this process. He was mandated by the government to cast a critical eye over status and opportunities in Danish social policy. In the resulting report also published in 1920 titled the Care System of the Future (*Fremtidens Forsørgelsesvæsen*) vols. I–II,<sup>114</sup> Steincke highlighted three groups: professional vagabonds (beggars), chronic alcoholics and unemployed harlots. What these groups were perceived to have in common was that as a rule their cravings stemmed from a particular defect in the individual that required a special type of care. Steincke looked at what the support system could do for these groups.<sup>115</sup> When promoting these views, Steincke followed both the international agenda but also, remarkably, the just published advices from the Alternative Alcohol Commission.

In Steinckes report the issue of the drunkards, or what to do with the lazy, the indolent and petty criminals, the majority of whom were also alcoholics, became an important argument for the development of the ‘eugenics movement’ in the 1920s and 1930s, inspired in particular by the Anglo-American world. Eugenics, in the language of the day, meant a scientifically justified population policy that contrived and legitimised that the authorities

<sup>113</sup> Koch 1996, pp. 42 ff.

<sup>114</sup> Karl Kristian Steincke, *Ogsaa en Tilværelse*, vols. I–IV, København 1945–49.

<sup>115</sup> Karl Kristian Steincke, *Fremtidens Forsørgelsesvæsen*, 1920, pp. 387–402

were able to promote a conscious and active campaign against the reproductive potential of unwanted sections of the population. The perception that alcoholism was in one sense hereditary, and should be treated as such, was very much the starting point for popular, administrative and political discussions of the problem.

It was not as if Steincke loved alcoholics, but neither did he think that there was special reason to show particular compassion or mercy towards them. Referring directly to them as a group in 1920, he said that it would not be feasible for society to treat, for example, tuberculosis sufferers, the mentally ill, alcoholics and epileptics for humanitarian reasons, but rather that such nonentities should not pull society in the wrong direction or “bring the average levels of talent and self-control down, [and] lower the social order as well as society’s level of intelligence.” Society could not cope with such decline. The policy of the social minimum was then an attempt to achieve “a strengthening and raising up of society’s bottom layer, the one on which the rest of the superstructure rests.” However, a precondition for this was that the problem did not grow too large.

Steincke was in no doubt that it was highly probable that the drunkard’s children would also be alcoholics. The American surveys of “criminal families” more than confirmed how, for eight or nine generations in a row, certain families were able to produce an impressive series of female family members who were prostitutes or just idiots, while criminality, drunkenness and vagabondage were characteristic of the men. How the problem was to be solved was another matter. However, Steincke was convinced by the socialist doctrine that poverty of any kind was to be eradicated.<sup>116</sup> Something had to be done – something drastic.

However, when new research into heredity was taken into consideration, the issue did not look quite as clear cut. Examples were found of damage to the actual “genotype” caused by lead poisoning – so-called “embryo damage”. Even though there could be no doubt that alcohol poisoning, i.e. the abuse of alcohol, particularly concentrated alcoholic drinks, caused major social and personal misfortune and misery this was only a matter of “false inheritance” and “after effects”. These theories may have justified multiple reforms and interventions, but Steincke found it difficult to find any proof for what he called “genuine hereditary impact” of alcohol abuse.

In the first place, there were very stark differences between the individuals in terms of susceptibility, which made the statistics difficult to work with. Steincke referred to the generally accepted hypothesis at the time that the life expectancy is on average somewhat longer for temperance supporters than even for proponents

---

<sup>116</sup> Steincke 1920, pp. 235–240.

of moderation. However, this did not prove that alcohol was the cause of the difference, and had absolutely nothing to do with the question of whether offspring would be affected by alcohol abuse. And even though every statistic would show that “children of drunks” were on average “far behind the offspring of sober people”, this did not prove anything about whether alcohol was a causal factor. It was generally acknowledged that drunkenness was often an expression of “original weaknesses in the constitution”, and as such, independent of the enjoyment of alcohol, would be passed down to descendants.

Support for the eugenic policy towards alcoholics Steincke found in the American psychologist and eugenicist Henry H. Goddard (1866–1957). In 1914 he had presented copious material regarding the mentally deficient and retarded, and according to K. K. Steincke he maintained that “Everything seems to show that drunkenness itself is only a symptom, and that it most frequently occurs in families, where there is something or other wrong with the nervous system, in particular mental deficiency.” In addition, the idea that originally healthy people should be affected by heavy alcohol abuse to the extent that “embryo damage” occurred and therefore led to “hereditary drunkenness”, lacked any hint of proof. The reproductive cells, “the source of rejuvenation”, seemed to be granted longer durability and greater resistance than the ordinary bodily cells.

As a definitive argument, Steincke added that, should the stated perception be correct, we would presumably all be victims of our ancestors’ drinking, especially in the Middle Ages, and be “disposed to alcoholism”. And, if the heavy abuse of alcohol not only inflicts damage upon the individual himself, but also affects the offspring’s personal constitution, a theory about which opinions were divided, then we should also reasonably expect an improvement in the following generation if drinking is reduced. But there was unfortunately absolutely no reason to suppose that even a total cessation of alcohol consumption would, to any appreciable degree, free society from “examples of degeneration”. Given the previously mentioned experiences about degeneration as a general phenomenon in all “populations of culture organisms”, there was no sign of this occurring. As a consequence alcoholism could not be abolished by reducing the availability of alcohol, without a reduction of potential alcoholics among previously disposed individuals.

Steincke also clearly relied here on the famous Danish plant physiologist and geneticist Wilh. Johannsen's (1857–1927) strict differentiation between genotypes and phenotypes,<sup>117</sup> but added pragmatically that a battle against alcohol could be defended with “reference to alcohol's hereditary effects (genuine heredity)”, which were repudiated by the majority of scientists, and could definitely not be proven.<sup>118</sup> This is why there was no natural justification whatsoever for biological eugenics, but (and this was the crux of the matter for Steincke) a strong incentive for social eugenics.

However, Steincke was a bit clearer and more unequivocal in 1928 – immediately prior to the first sterilisation act – in a lecture to the Medical Society printed as an article in the *Medical Weekly*. He wrote that “circumstances can provoke a phenotype with serious abnormalities that resemble the hereditary but have nothing to do with real inheritance (false inheritance, e.g. as a result of alcohol or lead poisoning and certain other occupational diseases), and can give the individual a ‘degeneratively determined’ phenotype, which does not have to stem from defects in the genotype and is, in other words, neither inherited nor hereditary. This interplay between inheritance and environment makes it very difficult to decide in which of these factors the individual's defects have their origin”.<sup>119</sup>

Steincke had been pragmatically critical of the results of the Sterilisation Commission. As in Sweden, the Commission presumed, according to Steincke, that regardless of the shortcomings of the research into inheritance, it was important to stop the mental defect from reproducing itself. Steincke confirmed soberly that “one actually has greater support for the psychiatric opinions and experiences of inheritance than for the results of the strict heredity research, and moreover, one is driven by this to socio-humanitarian considerations as the basis for intervention in the individual case”. In saying so, Steincke had probably acknowledged prevailing scientific theory, but because of the limits of heredity research at that time, nevertheless supported a position based on empirical evidence. In other words, in reality, the kind of ‘evidence’ which in its most macabre form is reflected in the genealogy studies mentioned, in which alcoholism indeed often played the rather visible role in the characterisation of single individuals. Steincke's detailed argumentation must be perceived as evidence that in his day, there was apparently a

<sup>117</sup> Wilh. Johannsen, *Arvelighed i historisk og eksperimentel belysning*, København 1917; Wilh. Johannsen, “Eugenik”, in: *Salmonsens konversationsleksikon*, vol. VII, 1918, pp. 550–552. Wilh. Johannsen clearly advocates that it is probable that alcohol – like lead and mercury – can damage embryos.

<sup>118</sup> Steincke 1920, pp. 263–71.

<sup>119</sup> Karl Kristian Steincke, “Sociallovgivning og racehygiejne. Foredrag i medicinsk Selskab”, *Ugeskrift for Læger*, 1928, p. 1143.

widespread perception that alcoholism was hereditary and could be combated by means of eugenic measures.<sup>120</sup> Above all else, it is remarkable how often references to alcohol appear in the social reform's statutory instruments on the marriage, forced internment and sterilisation under the sterilisation acts of 1928, 1934 and 1935.

It would be virtually impossible to determine whether it was the politicians or the scientists who led this process. A scientist must, of course, keep up with international i.e. American and German research in order to function and win acceptance for his opinions. However, at the same time, we cannot, as mentioned above, exclude the possibility that politicians choose the science that fits the prevailing formulation of the problem at hand. In other words, science alone does not generate discourse. Discourse also generates demand for science. The question must be the extent to which scientists adopt positions during topical political discourse. However, the consequence of the whole of this process was not a final solution to alcohol problems in Denmark, but it at least legitimized that Denmark developed a systematic tradition for the confinement of alcoholics.

## From physical to chemical coercive treatment

The Danish temperance and also the moral home movement's rapid decline after the introduction of the snaps tax in 1917 meant that the whole discussion about drunkenness segued into the debate about precautions for dealing with 'losers' or rather 'defective' individuals. Admittedly the introduction of Steincke's Social Care Act (*Forsorgslov*) in 1933 as a direct result of the report, the Care System of the Future, from 1920 mentioned above accounted for the treatment issue for drunkards. The Act, it must be acknowledged, anticipated the establishment of detox homes (*afvænningshjem*) in §315, and also that the local authorities' social boards would be obliged to pay deposits for stays in a detox home for alcoholics whose need could be documented by a medical certificate. This meant that drunkenness at least in principle was considered to be a condition that required medical recognition.

In addition, according to §316, a local social board could demand that people who were prone to drink, on referral from their family, next-of-

---

<sup>120</sup> For an in-depth look at what were considered eugenic measures at the time, see Koch 1996.

kin, police or other public authority, should be subjected to a “cure for alcoholism” in a detox home, though not for more than 1½ years. In cases where there was no space, the committee could temporarily place these individuals in a workhouse. The costs for this were to be considered poor relief, and any escape would be punished with forced labour. According to §317, coercive measures were also an option if an alcoholic breadwinner did not fulfil his duty to support his family, did not immediately acknowledge this, and was unwilling to subject himself to a cure as per §315.<sup>121</sup>

When a social care committee was set up in 1947 to evaluate K. K. Steinckes Social Care Act of 1933, it was quickly concluded that the rules on the establishment of state-funded detox homes had not been implemented, and as stated in a provisional report from 1948, there was no reason to commit people by force, as Denmark did not have a “highly developed system of care for alcoholics, unlike Sweden”.<sup>122</sup> It is also interesting that the Social Care Act’s concept of cure in detox homes had never been defined.

On the other hand, it can be ascertained that drunkards were instead placed in the workhouses around the country. The committee’s detailed descriptions of forced labour workhouses in a Report from 1952 show that there was no explicit focus on the alcohol problem. According to the Report of those committed to the workhouses, alcoholics constituted between two and five per cent – from 62 in 1934/35 to six in 1950/51, out of approximately 2,500 in total<sup>123</sup> – but we know that far larger groups on the workhouses were designated as ‘drunkards’. However, we do know that Blue Cross’ pride and joy, the *Kærshovedgaard* rescue home, was taken into public ownership in 1943, but it implied a change in its character from a moral detox home to a place of detention and work.<sup>124</sup> In addition to this, there were also a few Blue Cross care homes, although other forms of care homes for alcoholics were conspicuous by their absence.

Attempts were made to redress this in the committee’s 1955 Study on the Clientele in the Workhouses in which much of the clientele – no less than 68 per cent – turned out on closer inspection to be in categories that could be defined as drunkards or alcoholics. The definition of an alcoholic was an individual “whose drinking has been of such a nature and scale that it has resulted in bodily and/or mental illnesses, in the form of diseases of the liver, alcoholic nervous disorders,

<sup>121</sup> Forsorgsloven, no. 181, 20/ 1933, chapter XXVI §§315–317, *Lovtidende*, A., 1933, pp. 981–982.

<sup>122</sup> Tyge Haarlov, *Administrativ Frihedsberøvelse indenfor Socialforsorgen*, København 1948, p. 16.

<sup>123</sup> *Betænkning afgivet af udvalget angående forsorgen for de i forsorgslovens kapitler XXIV–XXV/II omhandlede personer*, (1), København 1952, pp. 36–42, 102.

<sup>124</sup> Randkær 1946, pp. 20–24.

alcoholic psychoses or alcoholic lethargic conditions (alcoholic dementia)". This category was called "chronic alcoholics with bodily and/or mental symptoms". Another category was called "chronic alcoholics without symptoms". What both categories had in common was that the individual concerned had more or less lost their social ambitions, and that the drinking had been going on for so long that in most cases, it was now impossible to identify its origins. The third category was called "alcohol abusers" or just drunkards characterised by the same level of consumption, but with a self-perception that made it impossible for them to stop drinking.<sup>125</sup>

The results of the 1955 Report made it now bright and clear that alcoholism was one of the really major problems in post-war social care, and that despite individual experiments with detox homes, there were solutions in sight. Consequently, any solution that would free institutions of this demanding clientele seemed welcome.

Three years later a new report from the social care committee in 1958 was directly titled Care for Sufferers from Alcohol (*Forsorg for Alkoholidende*). The report was highly disillusioned. It was stated, that it was impossible to establish reliable statistical data about the alarming spread of alcohol abuse in society, because alcoholism of course could not (any longer) be measured in numbers of delirium tremens, compared to other serious physical, psychical or social consequences of alcohol abuse. The committee had no doubt that alcohol played a much greater role in the development of social problems than previously supposed and that it was necessary to focus on that. The report also introduced the concept of outpatient departments (*alkohol-ambulatorier*) in the Danish treatment tradition. What these outpatient departments were to be used for was the subject of the final part of the report.<sup>126</sup>

The last part of the report was titled "Alcoholism and Treatment of Alcoholism as a Medical Problem". The section was written by physician Erik Jacobsen, who as an expert in alcohol had joined the commission together with a dozen of post-war experts on alcoholism recruited both in temperance circles and among persons affiliated with the National Association for the Protection of Personal Freedom.<sup>127</sup> It was the same Jacobsen who,

<sup>125</sup> Karen Berntsen, *Klientellet på arbejdsanstalterne*, Report no. 102, 1955, pp. 132–142.

<sup>126</sup> *Forsorgen for alkoholidende. Betænkning afgivet af udvalget angående forsorgen for de i forsorgslovens kapitler XXIV–XXVII omhandlede personer*, Betænkning nr. 208, 1958, pp. 3, 86 f.

<sup>127</sup> Erik Jacobsen, "Alkoholisme og Alkoholismebehandling som medicinsk problem", *Forsorgen for alkoholidende. Betænkning afgivet af udvalget angående forsorgen for de i forsorgslovens kapitler XXIV–XXVII omhandlede personer*, Betænkning nr. 208, 1958a,



along with the pharmacist Jens Hald, had discovered the effect of Antabuse in 1948.<sup>128</sup>

It is striking that the effect of disulfiram was discovered in Denmark and by Erik Jacobsen. Erik Jacobsen had just a few years before in 1944 published a book *Omgang med Alkohol* (Relations to alcohol), where he had considered various treatment methods against alcoholism.<sup>129</sup> We also know that the anti drinking effect of disulfiram seemed to be well known in the Swedish rubber boot industry without Swedish workers or doctors ever mentioning its possible usage as a drug against alcoholism. On the other hand visions of a cure based on aversion against alcohol were still alive in Denmark, and registrar Oluf Martensen-Larsen at Frederiksberg Hospital was specialized in such cures. It was therefore obvious to contact him to make him carry through clinical experiments.<sup>130</sup>

The rapid spread of the Antabuse cure in Denmark must be understood in the context of the lack of treatment facilities in Denmark after World War II (see Thiesen in this volume). The committee in 1958 found it extremely important to provide better opportunities for treatment of the sufferers according to the new findings of medical science, as they put it. Therefore, the extended Social Care Committee strongly recommended the establishment of outpatient departments. On the other hand, it could not agree to recommend forced treatment for people suffering from the effects of alcohol.

It appears that there was no longer any interest in moral treatment institution even though a minority on the committee, consisting of the Blue Cross representative pastor Børge E. Andersen and consultant in psychiatry Aksel Olsen, recommended that the state committed itself to establishing and running treatment institutions for people damaged by alcohol. The proposed institutions were to be subjected to official recognition and run on the same terms as other state institutions, admission was to be voluntary and the funding was to be derived from the large amount garnered from the spirits tax.<sup>131</sup> The Danish agenda for the treatment of alcoholics had obviously turned to the advantage of chemical treatment: to the Antabuse cure, which ideally could maintain the individual within society and not stigmatise his or her disposition – just like treatment for diabetes –

---

pp. 1–2, 39–51.

<sup>128</sup> Erik Jacobsen, “Et præparat fødes”, *Medical Forum*, Year 11, no. 6, 1958b. For the introduction of Antabuse, see Thiesen’s article in this issue.

<sup>129</sup> Erik Jacobsen, *Omgang med Alkohol*, København 1944, pp. 94 f.

<sup>130</sup> Jacobsen 1958b, pp. 183–184; Olof Martensen-Larsen, “Nye linier i alkoholist-behandlingen”, *Ugeskrift for Læger*, series 5(110:2), 1948, p. 1207.

<sup>131</sup> *Forsorgen for alkohollidende. Betænkning afgivet af udvalget angående forsorgen for de i forsorgs-lovens kapitler XXIV–XXVII omhandlende personer*, Betænkning nr. 208, 1958, pp. 3, 86 f.

and a cure which did not put any restraints on the liberal Danish drinking culture.

In the time that had elapsed since the discovery of Antabuse, Jacobsen had been involved in the different perspectives around the alcohol question and had among other things published an article about the link between alcohol and crime for the National Association for the Protection of Personal Freedom, in which he argued for the social benefits of this new type of medicine.<sup>132</sup> It seems clear, that the supporters of 'personal freedom', with their strong connection to the powerful Danish alcohol industry were positively interested in the new Danish drug.

Undoubtedly Denmark on one hand followed the Nordic pattern in alcohol treatment. On the other hand moral treatment and the view of the social alcohol culture, where alcoholism could be the fate of everyone, never got strong hold in the liberal Danish alcohol culture. Characteristically the Danish medical profession again and again returned to the idea of heavy drinking as a bad habit which could be 'cured' with drugs. Without big expenses economically or culturally Danes wanted to be liberated from the costs of alcoholism.

*Translation to English: Kirsten Nanja Andersen*

---

<sup>132</sup> Erik Christensen, Erik Jacobsen, Alvar Nelson & Max Schmidt, "Alkoholvaner og Kriminalitet. En empirisk undersøgelse af sammenhængen mellem lovovertrædelser og spiritusmisbrug", *Appendix to Nordisk Tidsskrift for Kriminalvidenskab*, København 1957.

## References

- “Aarsberetning for 1896, afgivet 9. juni 1897” [Annual report 1896, published 9 June 1897], *Tidsskrift til Ædruelighedens Fremme* [Journal for the Promotion of Sobriety], 1897.
- Berntsen, Karen, *Klientellet på arbejdsanstalterne. En undersøgelse foretaget på for-anledning af det af Socialministeriet nedsatte udvalg angående forsorge for de i for-sorgslovens kapitler XXIV–XXVII omhandlede personer* [The Clientele in the Works Houses. An Examination at the Request of the Committee Appointed by the Ministry of Social Affairs for the Social Care Act Chapter XXIV–XXVII Concerning Persons], Copenhagen 1955.
- Betænkning afgiven af den af Indenrigsministeriet den 25. Juni 1903 nedsatte Kommission til Overvejelse af Foranstaltninger til Ædruelighedens Fremme [Report by the Commission for the Consideration of Measures to Promote Sobriety, set up by the Ministry of the Interior on 25 June 1903], Copenhagen 1907.
- Betænkning afgiven af den af Indenrigsministeriet under 16. juli 1914 nedsatte 2den ædruelighedskommission. I. Afsnit [Report by the 2nd Sobriety Commission set up by the Ministry of the Interior, 16 July 1914. Section 1], Copenhagen 1918.
- Betænkning afgivet af udvalget angående forsorgen for de i forsorgslovens kapitler XXIV–XXVII omhandlede personer [Report by the Committee Regarding Care of the People Mentioned in the Social Care Act, chapters XXIV–XXVII], part 1, Copenhagen 1952.
- Blom, A., “Afholdsspørgsmalets kær-ne” [The core of the temperance question], *Sund Sans*, 27/12 1914.
- Brandes, Ludvig Israel, “Fortsat meddelelse om resultaterne af ‘Guldturen’ paa Alm. Hospital” [Ongoing reports on the results of “The Gold Cure” at the General Hospital], *Ugeskrift for Læger*, series 4(28), 1893, pp. 425–426.
- Brandes, Ludvig Israel, “Tagttagelser over forsøg paa at afvænne drankere ved dr. Monro’s saakaldte Guldkur” [Observations to attempts to dry out drinks using Dr Monroe’s so-called Gold Cure], *Ugeskrift for Læger*, no. 39, 1892, pp. 595–608.
- Christensen, Erik, Erik Jacobsen, Alvar Nelson & Max Schmidt, “Alkoholvaner og kriminalitet. Et empirisk studie af forbindelsen mellem alko-holvaner og alkoholmisbrug” [Alcohol habits and criminality. An empirical study of the links between offences and alcohol abuse], *Nordisk tidsskrift for kriminalvidenskab* [Nordic Journal of Criminal Science], Appendix, 1957.
- Dalhoff, Nicolai, “Redningshjem for drikfældige i England” [Refuge for victims of drink in England], *Tidsskrift til ædruelighedens fremme*, 1897, pp. 12–23, 33–36.
- Dalhoff, Nicolaj, “Bog anmeldelser” [Review’s], *Tidsskrift til Ædruelighedens Fremme*, 1898, pp. 63–64.
- “Dr Keeley og Guldturen” [Dr Keeley and the Gold Cure], *Hospitals-Tidende*, 1892, pp. 656–659.
- Djorup, Vilh., “Om drankerasyler” [On drunk asylums], *Ugeskrift for Læger*, series 4(20), 1889, pp. 716–719.
- Ehlers, Edv. “Keeley-guldturen” [The Keeley gold cure], *Ugeskrift for Læger*, 1893, series 4(28), 1893, pp. 229–231.
- Eriksen, Sidsel, “Drunken Danes and sober Swedes? Religious revivalism and the temperance movements as keys to Danish and Swedish folk cultures”, in: Bo Stråth (ed.), *Language and the Construction of National Identities*, Gothenburg 1990, pp. 55–94.
- Eriksen, Sidsel, “The making of the Danish liberal drinking style”, *Contemporary Drug Problems*, vol. 4, 1994, pp. 1–31.
- Forsorgsloven [The Social Care Act], no. 181, of 20 May 1933, chapter XXVI, §§315–317, *Lovtidende*, A., 1933, pp. 981–982.
- Forsorgen for alkohollidende. Betænkning afgivet af udvalget angående forsorgen for de i forsorgslovens kapitler XXIV–XXVII omhandlede personer [Care of People Suffering the Effects of Alcohol

- Geill, Christian, "Om foranstaltninger lige over for vanedrankere. Foredrag holdt i Ædruelighedskommissionen den 16. og 17. september 1904" [Lecture on measures for dealing with habitual drinkers. The Sobriety Commission, 16–17 September 1904], Appendix 5 in: *Betænkning...*, Copenhagen 1907, pp. 235–272.
- Granum Jensen, A. R., *Baggrund og glimt fra Blå Kors Historie i 100 år [Background and Glimpses of a Century of Blue Cross History]*, Haderslev 1979.
- Haarløv, Tyge, *Administrativ frihedsberøvelse indenfor socialforsorgen [Administrative Confinement in Social Care]*, Copenhagen 1948.
- Jacobsen, Erik, *Omgang med alkohol [Relations to Alcohol]*, Copenhagen 1944.
- Jacobsen, Erik, "Alkoholisme og alkoholismebehandling som medicinsk problem" [Alcoholism and the treatment of alcoholism as a medical problem], in: *Forsorgen for alkohollidende [Care of People Suffering the Effects of Alcohol]*, 1958a, pp. 39–51.
- Jacobsen, Erik, "Et præparat fødes" (A preparation is born), *Medical Forum*, vol. 11(6), 1958b, pp. 180–184.
- Johannsen, Wilh., *Arvelighed i historisk og eksperimentel belysning [Genetic inheritance in an historical and experimental light]*, Copenhagen 1917.
- Wilh. Johannsen, "Eugenik" [Eugenics], in: *Salmonsens konversationsleksikon [Salmonsens's Lexicon of Conversation]*, VII, 1918, pp. 550–552.
- Koch, Peter Didrik, "Et Redningshjem for alkoholister ved København" [Rescue home for alcoholics], *Ugeskrift for Læger*, series 5(33), 1898.
- Koch, Lene, *Racehygiejne i Danmark 1920–1956 [Eugenics in Denmark 1920–1956]*, Copenhagen 1996.
- Martensen-Larsen, Olof, "Nye linier i alkoholistbehandlingen" [New lines in the treatment of alcoholics], *Ugeskrift for Læger*, series 5(110:2), 1948, p. 1207.
- [N. N.], "Tvungen Indlæggelse af Alkoholister" [Coercive removal of alcoholics], (from *Hygie*, December 1888), *Ugeskrift for Læger*, 1889, pp. 562–565.
- Olsen, Axel & August Wimmer, *Betænkning II: Foreningens Alkoholkommission – Forslag til Lov om Behandling af driksfældige, Landsforeningen Den personlige Friheds Værn [Report II: The Association's Alcohol Commission – Proposal for Legislation of the Treatment of Alcohol Addicts]*, National Association for the Protection of Personal Freedom, Copenhagen 1920.
- Otto, Carl, "Middel mod drukkenskab" [Drug against drunkenness], *Ny Hygie*, June 1824, p. 485.
- Pontoppidan, Knud, *Psykiatriske forelæsninger og studier [Psychiatric Lectures and Studies]*, Copenhagen 1895.
- Randkær, M. N., *Et fristed paa beden [A haven in the heath]*, Copenhagen 1946.
- Room, Robin, "An impossible dream. How to solve alcohol problems in a temperate culture", Paper presented to the conference "Alkoholpolitik och sociala förändringar" [Alcohol Policy and Social Change], Hveragerði, 3–7 September 1990.
- Steincke, Karl Kristian, *Fremtidens forsørgelsesvæsen [The care system of the future]*, Copenhagen 1920.
- Steincke, Karl Kristian, "Sociallovgivning og racehygiejne. Foredrag i medicinsk Selskab" [Social laws and eugenics], *Ugeskrift for Læger*, series 5(90), 1928.
- Steincke, Karl Kristian, *Ogsaa en tilværelse [Also an Existence]*, vols. I–IV, Copenhagen 1945–1949.
- Thierry, August, *Om dronkerasyler [About Drunk Asylums]*, Copenhagen 1888.
- Thjell, K., "Beretning om Søvang og Godt-haab. Redningshjem for Alkoholister" [Report about Søvang and Godthaab. Rescue homes for alcoholics], *Til ædruelighedens fremme*, 1897, pp. 162–165.
- Torp, Carl & August Goll, *Forhandlingerne paa Dansk Kriminalistforenings andet aars-møde den 24–26 September 1901 [The Proceedings of the Danish Association of Criminologists' Second Annual General Meeting, 24–26 September 1901]*, Copenhagen 1901.
- White, William L., *Slaying the Dragon: The History of Addiction, Treatment and Recovery in America*, Bloomington 1998.